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Re Applic of	Bruce B. Doris, et al.
Docket No.	FIS920030152US1
Serial No.	10/604,190
Filing Date	6/30/03
Attorney	Joseph P. Abate

Attached:      Amendment Transmittal Form  
                 Amendment  
                 Terminal Disclaimer (2)  
                 Patent Assignment Form

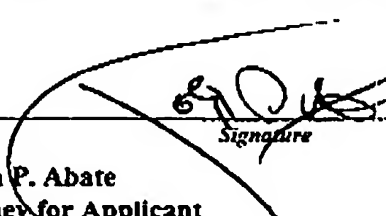
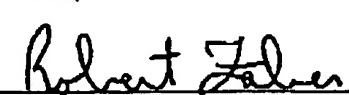
PLEASE DELIVER TO: Mai Huong C Tran  
EXAMINER: ART UNIT: 2818  
CONFIRMATION NO.: 1189  
PHONE NO:  
FAX NO:      571-273-8300

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## INTERNATIONAL BUSINESS MACHINES CORPORATION

Intellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531

Fax: 845-892-6363  
Phone: 845-894-2580

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>FIS920030152US1</b>	
Applicant(s): <b>Bruce B. Doris, et al.</b>						
Application No. <b>10/604,190</b>	Filing Date <b>June 30, 2003</b>	Examiner <b>Mai Huong C Tran</b>	Customer No. <b>32074</b>	Group Art Unit <b>2818</b>	Confirmation No. <b>1189</b>	
Invention: <b>HIGH PERFORMANCE CMOS DEVICE STRUCTURES AND METHOD OF MANUFACTURE</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0458</b></p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p><p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p></div><div style="flex: 1; text-align: right;"><p> <b>9-15-05</b></p><p>Dated: <b>September 15, 2005</b></p></div></div> <div style="margin-top: 10px;"><b>Joseph P. Abate</b> Attorney for Applicant Registration No. <b>30,238</b> Telephone No. <b>845-894-4633</b> Fax No. <b>845-892-6363</b></div>						
<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;"><u>September 15, 2005</u></p><p style="text-align: center;">(Date)</p><p style="text-align: center;"></p><p style="text-align: center;">Signature of Person Mailing Correspondence</p><p style="text-align: center;"><b>Robert Faber</b></p><p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p></div>						
cc:						